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|--|---|-------------------------------|---|----------------------------|--------------------------------|
| SERIAL NUMBER 10/817,367 | FILING OR 371(c) DATE 04/05/2004 RULE | CLASS 433 | GROUP ART UNIT 3732 | ATTORNEY DOCKET NO. | |
| APPLICANTS Zoltan Egeresi, Santa Cruz, CA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/18/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY CA | SHEETS DRAWING 5 | TOTAL CLAIMS 2 | INDEPENDENT CLAIMS 2 |
| ADDRESS ZOLTAN EGERESI 5500 COAST RD. SANTA CRUZ, CA95060 | | | | | |
| TITLE MULTI USER ORAL CLEANSING DEVICE, DENTALJET | | | | | |
| FILING FEE RECEIVED 750 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |